

NC TeleHealth Program Survey Summary

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Survey Overview

- Starting with known contacts, widened to others noted by the initial group of contacts.
- Did 18 30-60 minute interviews;
- 37 TeleHealth programs
- Captured basic data about each program (next slide); available in XLS form.
- Are there more programs? Gut feel – likely 10-20 more.

Basic data collected

- Program manager contact info
- Type of TeleHealth activities (description)
- Protocol (Usage model)
- Key motives
- End-point sites
- Technology partners
- Type (real-time or store and forward)
- Tele program type – (e.g. telepsych, telederm)
- Patient populations involved
- Program volume (sites, patients, providers)
- Key challenges and success factors
- Length of program operation
- Financing model
- Value proposition
- Future plans
- Other materials
- Other TeleHealth contacts
- Interest in Conference
- NCTN link
- *Interviewees thought that all of the relevant info had been collected*

Current/near term programs

Telehealth Program Summary for NC 2012	Stroke (including broader emer neuro consult)	Psych (assessm ent)	Psych (Assessm ent and therapy)	CHE/COPD	Diabetes	Dermatological condition	General primary acute care	Patient Counseling (Genetic, Cancer, disabilities, admissions)	Education (of healthcare professionals)	Other	TOTAL
Setting											
Patient in hospital (or ED)	7	1	2					3		Disabilities outreach; telepath	13
Patient in school							2				2
Patient in primary care clinic		2	3			2	1			wound care, OB,	8
Patient at home				5	4						9
Other		2							3		5
Total	7	5	5	5	4	2	3	3	3		37



Typical motives

- Improve care – faster, more expert
- Improve access – where none would have been provided otherwise; better placement of patients for care (typically patients stay in their community more)
- Lower institutional costs
- Lower systemic (and broad social/patient) costs
- Improve outcomes – less sickness, damage
- Serve vulnerable populations better (esp. Medicaid, “self pay”)



Challenges and Success Factors

- Technology is not a challenge
- Sustainable financing is a challenge
- Local specialist concerns about patient loss.
- Patient acceptance is not a significant challenge.
- Relationships matter.

Emerging Trends

- EHR, PACS integration with TeleHealth svc.
- Reuse of equipment/skill incumbency across multiple domains
- Program growth across sites, across domains per sponsoring organization.
- Innovation
- Use of third party specialists for tele consulting
- Most programs are just started – 1-2 years old.
- Evidence base for tele-services somewhat established, but more to be done.
- 7 program sets (of 18) use NCTN links now; 2 more likely soon.
- Interest in a conference/workshop
- New vendor interest (e.g. TWC)



More acute information source potential

- CCNC is doing a survey of their regional affiliates now.
- Duke Endowment is reported to be doing a conference for their tele-service awardees in March in Charlotte
- Mid-Atlantic TeleHealth Resource Center (MATRC.ORG) has 2-day conference (with several NC speakers) on March 15-16.



Q&A

- Hold until the end.